

## VISIT AUTHORIZATION AND SECURITY CLEARANCE CERTIFICATION REQUEST

COMPLETE NAME, ORGANIZATION, ADDRESS, AND TELEPHONE/FAX NUMBERS TO BE FURNISHED FOR ITEMS 1 AND 2

1. TO:	2. FROM/REQUESTOR:
Telephone: 202-395-0000 Fax: 202-395-0000	Telephone: 202-482-0000 Fax: 202-482-0000

3. VISITOR(S) NAME (Last, First, Initial) AND SNN	DATE AND PLACE OF BIRTH	COURIER CARD NO.	4. SECURITY OFFICE USE ONLY			
			CLEARANCE LEVEL	DATE GRANTED	BASIS FOR CLEARANCE	CITIZEN OF
Washington, George W. 000-00-0000	02/22/1721 Westmoreland, VA					

5. PURPOSE OF VISIT  
"State Purpose of Visit"

6. DATES OF VISIT OR CERTIFICATION (Not to exceed 1 year) June 10-15, 1759	7. REQUIRED LEVEL OF CLEARANCE SECRET
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8. POINT (S) OF CONTACTS (List intended recipients(s) of clearance data)

A. NAME State Dept. Security Point of Contact	B. ORGANIZATION State Dept Office of Security	C. PHONE 202-395-0000	D. FAX NO. 202-395-0000
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9. REMARKS

10. REQUESTOR "Requestor's Name"	OFFICE/DIVISION Requestor's Office Symbol	DATE 02/08/02
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11. NEED TO KNOW CERTIFICATION: For government employees, certification by the immediate supervisor. For contractors and their employees, certification by the contracting officer or an authorized representative responsible for monitoring the work performed by contractor.

I certify that access by the visitor(s) is in the national interest	SIGNATURE (Name/Title) "Signator, Name and Title of Visitor's Supervisor"	DATE 02/08/02 PHONE 202-482-0000
12. SECURITY OFFICER CERTIFICATION (Name/Title)	SIGNATURE	DATE PHONE

APPROVAL FOR THE VISIT IS ASSUMED UNLESS OTHERWISE NOTIFIED

**PRIVACY ACT STATEMENT:** Collection of the information requested is authorized by Executive Orders 10450 and 12356. Personal information, including the social security number, will be used to correctly identify visitor for access to classified information and controlled areas. Inadequate or incomplete information may result in delaying or withholding the visit authorization or access to classified information.

**INSTRUCTIONS:** Form must be typewritten. Submit to servicing Security Officer within 10 working days in advance of proposed visits. If classified materials are to be handcarried, visitor must possess a Courier Authorization Card, CD-75 authorization number under Courier; otherwise indicate N/A. Forward copies 1 and 2 to Security Office; requesting office retain copy 3.

## INSTRUCTIONS

A Visitation Authorization and Clearance Certification Request form CD-414 must be initiated by ITA employees whenever they plan to visit other government agencies or facilities in the United States where national security information is to be discussed or handled. This form must be completed by the visitor and the Security Office, signed by the supervisor and the Security Office, and forwarded to the visit site at least 10 working days prior to the visit or period of certification. The form must be typed.

1. The employee (visitor) should complete the following blocks on the CD-414:
  - To (Complete Name, Address, Phone/FAX number of organization to be visited)
  - From (Requestor's Organization, Address, and Phone/FAX number)
  - Visitor(s) Last name, first name, middle initial and Social Security Number
  - Date and Place of Birth (list city and state, or city and country)
  - Courier (if applicable, list Courier Authorization Card (CD-75) number)
  - Purpose of Visit (Include reason for needing access to classified material)
  - Date(s) of Visit or Certification (Not to exceed one year)
  - Required level of clearance (e.g., confidential, secret, or top secret)
  - Point(s) of Contact (Who in the other agency needs the security clearance data)
  - Remarks (Any additional information related to the visit)
  - Requestor (Name of individual requesting visit authorization)
  - Office/Division (of requestor)
  - Date (Date form is completed)
2. The supervisor should complete the Need to Know certification to include:
  - Name/Title
  - Signature
  - Date/Phone number
3. Submit all three copies of the CD-414 to the Security Office, room 1066.
4. The Security Office will complete the remainder of the CD-414:
  - Clearance level/Date Clearance Granted/Basis for Clearance/Citizen of
  - Security Officer Certification (Name/Title)
  - Signature
  - Date/Phone number

Upon completion of the CD-414, the Security Office will forward it to the appropriate agency, return copy 3 to the requestor and file copy 2.